

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent ApplicationDirect all correspondence to: ☒Customer Number
or Bar Code LabelOR ☒

Correspondence address below

Commanding Officer
SPAWARSSYSCEN Code 20012

Name

53510 Silvergate Ave. Rm. 103

Address

San Diego

CA

92152

City

State

ZIP

USA

619-553-3001

619-553-3821

Country

Telephone

Fax

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR :

☐ A petition has been filed for this unsigned inventorGiven Name
(first and middle [if any])

Ayax D.

Family Name
or Surname

Ramirez

Inventor's
Signature*Ayax D. Ramirez*

Date

2/25/02

Chula Vista

CA

USA

USA

Residence: City

State

Country

Citizenship

490 Belle Vista Dr. #218

Mailing Address

Chula Vista

CA

91910

USA

City

State

ZIP

Country

NAME OF SECOND INVENTOR:

☐ A petition has been filed for this unsigned inventorGiven Name
(first and middle [if any])

Stephen D.

Family Name
or Surname

Russell

Inventor's
Signature*Stephen D. Russell*

Date

2/25/02

San Diego

CA

USA

USA

Residence: City

State

Country

Citizenship

4561 Osprey St.

Mailing Address

San Diego

CA

92107

USA

City

State

ZIP

Country

☒ Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION**ADDITIONAL INVENTOR(S)****Supplemental Sheet**Page 1 of 1

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Mark W.		Roberts	
Given Name		Family Name or Surname	
Inventor's Signature <i>Mark W. Roberts</i>		Date <i>02/25/02</i>	
San Diego	CA	USA	USA
Residence: City	State	Country	Citizenship
Mailing Address			
10157 Camino Ruiz #7			
Mailing Address			
San Diego	CA	92126	USA
City	State	ZIP	Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	ZIP	Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	ZIP	Country

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.